



GUIDELINES FOR SERVICE AUTHORIZATION and PROVIDER BILLING DOCUMENTATION

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MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
New Array of Employment Services (ES) available July 1, 2020	See individual services below	<p><i>New array of Employment Services (ES) includes:</i></p> <ul style="list-style-type: none">- <i>Discovery (3 milestones)</i><ul style="list-style-type: none">o <i>Assessment</i>o <i>Observations</i>o <i>Profile</i>- <i>Job Development (hourly)</i>- <i>Ongoing Job Supports (hourly)</i>- <i>Follow Along Supports (monthly payment)</i>- <i>Co-worker Employment Supports (monthly payment)</i>- <i>Self-Employment Supports (1 milestone)</i> <p><i>Other requirements</i></p> <ul style="list-style-type: none">- <i>Ongoing Job Supports include personal care (PC), behavioral supports (BS) and delegated nursing but may not comprise the entirety of the service.</i>- <i>ES do NOT include volunteering, apprenticeships or internships unless it is part of the discovery process and time limited.</i>- <i>ES do NOT include payment for supervision, training, supports and adaptations typically available to other workers.</i>	<i>See individual services below</i>	<i>See individual services below</i>	<i>Employment Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, or Transportation (except during follow along supports) services.</i>



is currently employed and there is no documentation in the PCP of interest in a different job.

Service limits for Discovery Services are as follows:

Discovery Services will be authorized for every 24 months unless the person experiences an unexpected life event that requires a discovery service more than once in a 24-month period.



documentation in the FCR of interest to a different job.

Service limits for Job Development are as follows:

- *Services may be authorized for a limited number of hours, not to exceed 8 hours a day and 40 hours per week, including Career Exploration, Community Development Services, Habilitation, and Employment Services – Ongoing Job Supports.*
- *Initial authorization should not exceed 90 hours.*
- *Services can be authorized up to two years for a total of 180 hours.*
- *DDA may authorize additional hours*



MEANINGFUL DAY SERVICES					
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			<i>forth a good faith effort to identify opportunities that align with that person's job profile and/or PCP.</i>		
ES - Follow Along Supports Rate: \$264.86 Proc Code: CP Waiver W5662 (Traditional) W5663 (SD)	Month Proc Code: CS Waiver W5664 (Traditional) W5665 (SD)	<ul style="list-style-type: none">- Occur after the person has transitioned into their job;- Ensure the person has the assistance necessary to maintain their job(s); AND- Include at least 2 monthly face-to-face visits	<i>Service Authorization requirements for Follow Along Supports include the following:</i> <ul style="list-style-type: none">- <i>The person is 18 years of age or older and no longer in high school;</i>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services;</i>- <i>There is documentation in the PCP that follow along supports are needed for the person to maintain employment; AND</i>- <i>The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA's guidance.</i> <i>Service limits for Follow Along Supports are as follows:</i> <ul style="list-style-type: none">- <i>Services will be authorized on an ongoing basis unless the PCP specifies the time limit or the competitive integrated employment terminates.</i>	<i>Requirement documentation for Follow Along Supports includes the following:</i> <ul style="list-style-type: none">- <i>Staff timesheets denoting the date/time/location of at least 2 face-to-face contacts; AND</i>- <i>Monthly progress note documenting service provision and progress toward outcome(s).</i>	



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Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
ES - Ongoing Job Supports Rate: \$44.14 <u>Proc Code:</u> CW Waiver W5666 (Traditional) W5667 (SD)	Hour <u>Proc Code:</u> CS Waiver W5668 (Traditional) W5669 (SD)	<p>Supports in learning and completing job tasks to successfully maintain a job:</p> <ul style="list-style-type: none"> - When beginning a new job; - After a promotion; - After a significant change in duties; AND/OR - When there is a change in circumstances. <p>Supports include:</p> <ul style="list-style-type: none"> - Job coaching; - Facilitation of natural supports; - Ongoing job supports; - Systematic instruction; - Travel training; and - Personal care assistance, behavioral supports and delegated nursing tasks to support the employment but may not comprise the entirety of the service. <p>When appropriate, ongoing job supports must include a “fading plan” that notes the anticipated number of support hours needed.</p>	<p><i>Service Authorization requirements for Ongoing Job Supports include the following:</i></p> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services. - There is documentation in the PCP that ongoing job supports are needed for the person to maintain employment; AND - The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA’s guidance. <p><i>When appropriate,</i></p> <ul style="list-style-type: none"> - A “Fading Plan”, that notes the anticipated number of support hours needed. <p><i>Service limits for Ongoing Job Supports are as follows:</i></p> <ul style="list-style-type: none"> - 10 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services-Job Development. 	<p><i>Required documentation for Ongoing Job Supports includes the following:</i></p> <ul style="list-style-type: none"> - Staff timesheets with start and end times and dates of service; AND - Documentation of tasks completed and their correlation toward goals of the person as stated in the PCP, i.e. a service note. 	



<p>ation and training. ived by a co-worker e additional Compensation is at the employer.</p>	<p>Worker Employment Supports include the following:</p> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; - There is documentation in the PCP that co-worker employment supports are needed for the person to maintain employment; AND - The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA's guidance. <p>Service limits for Co-worker Employment Supports are as follows:</p> <ul style="list-style-type: none"> - Services may be authorized for the first three months of employment unless otherwise authorized by the DDA. 	<p>Worker Em includes t - Invoic docun provid by the and th servic</p>
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MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
ES - Customized Self-Employment Rate: \$265.57 Proc Code: CW Waiver W5674 (Traditional) W5675 (SD)	Milestone Proc Code: CS Waiver W5676 (Traditional) W5677 (SD)	Supports to develop a business and marketing plan.	<i>Service Authorization requirements for Customized Self-Employment include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; - Has completed Discovery (must review the Discovery Milestones) and there is a recommendation to pursue self-employment produced from the 3 Discovery milestones. <i>Service limits for Customized Self-Employment are as follows:</i> <ul style="list-style-type: none"> - Customized self-employment can be authorized 1 time per year; AND - Medicaid funds may NOT be used to defray the expenses associated with starting or operating a business. 	<i>Required documentation for Customized Self Employment includes the following:</i> <ul style="list-style-type: none"> - Business and Marketing Plan that includes potential sources of business financing and other assistance in developing and launching a business. 	
Supported Employment Proc Code: CP Waiver W2103 (Traditional)	Day Proc Code: CS Waiver W5642 (Traditional)	Supports to obtain competitive integrated employment in the general workforce, including: <ul style="list-style-type: none"> - Customized employment; - Self-employment; - On-the-job training in work and work-related skills; 	<i>Service Authorization requirements for Supported Employment include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, 	<i>Required documentation for Job Development includes the following:</i> <ul style="list-style-type: none"> - Staff timesheets with start and end times and dates of service; AND - Documentation of tasks completed and their correlation 	From July 1, 2018 through June 30, 2020, Supported Employment Services are not available: 1. On the same day a participant is receiving Career Exploration,



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W5641 (SD)	W5643 (SD)	<ul style="list-style-type: none">- Facilitation of natural supports in the workplace;- Ongoing support and monitoring of the individual's performance on the job;- Training in related skills needed to obtain and retain employment such as using community resources and public transportation.	<p><i>Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; AND</i></p> <ul style="list-style-type: none">- <i>Has a documented interest in employment in their PCP; OR</i>- <i>Is currently employed and there is documentation in the PCP of interest in a different job; OR</i>- <i>There is documentation in the PCP that:</i><ul style="list-style-type: none">o <i>Ongoing job supports are needed for the person to maintain employment; AND</i>o <i>The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA's guidance.</i> <p><i>When appropriate,</i></p> <ul style="list-style-type: none">- <i>A "Fading Plan", that notes the anticipated number of support hours needed.</i>	<p><i>toward goals of the person as stated in the PCP, i.e. service note.</i></p>	Community Development Services, Day Habilitation, Medical Day Care, or Employment Discovery & Customization services; and 2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.



MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Employment Discovery & Customization Proc Code: CP Waiver W0218 (Traditional) W5651 (SD)	Day Proc Code: CS Waiver W5652 (Traditional) W5653 (SD)	A time limited comprehensive, person-centered, and community-based employment planning support service to identify the person's abilities, conditions, and interests including: <ul style="list-style-type: none"> - #1 - Assessment: Home visit, community survey, review of experience. - #2 - Observations: Of the person in at least 3 community settings. - #3 - Profile: Includes resume and job development plan. 	<i>Service Authorization requirements for Employment Discovery & Customization Services include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; AND - Has a documented interest in employment or employment exploration in their PCP; OR - Is currently employed and there is documentation in the PCP of interest in a different job. - Activities must be completed within a six (6) month period unless otherwise authorized by the DDA. <i>Service limits are as follows:</i> <ul style="list-style-type: none"> - Discovery Services will be authorized once every 24 months unless the person experiences an unexpected life event that requires a discovery service more than once in a 24-month period. - Services may not exceed a maximum of eight (8) hours per day (including other Supported Employment, Career 	<i>Required Documentation includes:</i> #1: Assessment to include: <ul style="list-style-type: none"> - Documentation the person received a face to face visit; - Documentation of team discussion of the person's employment goals; - An environmental scan of job opportunities available to the person; AND - Documentation of record reviews for pertinent job experience, education and assessments. #2: Completion of # 1 and Community Observation to include: <ul style="list-style-type: none"> - Documentation of observations in 3 community-based situations; AND - Documentation of team discussion. # 3: Completion of # 1&2 and Discovery Profile to include: <ul style="list-style-type: none"> - Resume; AND - Job Development Plan. 	From July 1, 2018 through June 30, 2020, Employment Discovery and Customization services are not available: 1. On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Supported Employment services; and 2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

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			<i>Exploration, Community Development Services, and Day Habilitation services).</i>		
Community Development Services (CDS) Rate: TBD FY2021 Proc Code: CP Waiver W8334 (Traditional) W8335 (SD) <u>Current Code</u> CP Waiver W2116 (Traditional) W8333 (SD)	Current - Day FY2021-Hour FY2021 Proc Code: CS Waiver W8338 (Traditional) W8339 (SD) <u>Current Code</u> CS Waiver W8336 (Traditional) W8337 (SD)	Services provide the person with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities. Characteristics of the service include that it: <ul style="list-style-type: none"> - Must be provided in the community; - Provide opportunities to develop skills and increase independence related to community integration; - Promote positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities; AND - Only include personal care assistance services when provided in combination with other allowable CDS activities. 	<i>Service Authorization requirements for Community Development Services include the following:</i> <ul style="list-style-type: none"> - An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person's preferences and PCP goals; the schedule is used to determine the authorization of hours and is not intended to dictate the actual provision of services; AND - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services. <i>Authorized staffing levels are determined by the person's needs.</i> <ul style="list-style-type: none"> - For people who do not require dedicated 1:1 or 2:1 staffing, the service is provided to 1 to 4 people at a time. - For people with medical needs <ul style="list-style-type: none"> o 1:1: HRST documenting the need for 1:1 dedicated staff to be reviewed/authorized by RN. 	<i>Required documentation for Community Development Services includes the following:</i> <ul style="list-style-type: none"> - Activity log listing all people in a group (limited to no more than 4 people) to include in and out times and the location of service provision; - Service note describing service/activities as authorized by the PCP; AND - Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed. <i>Required documentation for 1:1 and 2:1 staffing</i> <ul style="list-style-type: none"> - Audit trail should provide a link between the person and the staff providing the support; AND - Service notes must support the provision of services as specified in the BP and/or nursing care plan. 	From July 1, 2018 through June 30, 2020, Community Development Services are not available: 1. On the same day a participant is receiving Career Exploration, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and 2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services. Effective July 1, 2020, Community Development Services are not available at the same time as the direct provision of Career Exploration, Community

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Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<ul style="list-style-type: none"> ○ 2:1: HRST documenting the need for 2:1 dedicated staff to be reviewed/authorized by RN. - For people with behavioral needs <ul style="list-style-type: none"> ○ 1:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 1:1 supports. ○ 2:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 2:1 supports. <p>Service limits for Community Development Services are as follows:</p> <ul style="list-style-type: none"> - 8 hours per day; AND - 40 hours per week including Career Exploration, Day Habilitation, Supported Employment, Employment Discovery and Customization; Employment Services Job Development and Ongoing Job Supports. 		Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services..
Day Habilitation Services Rate: TBD FY 2021 Proc Code: CP Waiver W8341	Current - Day Hour – FY2021 FY2021 Proc Code: CS Waiver W8343 (Traditional)	Characteristics of the service include that it: <ul style="list-style-type: none"> - May be provided in a variety of settings in the community or a facility owned or operated by the provider agency; - Services cannot be provided in the person's home or other residential setting; AND 	<i>Service Authorization requirements for Day Habilitation Services include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in High School; - An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person's preferences and PCP goals; the schedule is used to determine the authorization of hours and is not 	<i>Required documentation for Day Habilitation Services includes the following:</i> <ul style="list-style-type: none"> - Attendance log with in and out times; - Documented affirmation the service was provided, such as a service note. - Providers should maintain copies of staff timesheets that document 	From July 1, 2018 through June 30, 2020, Day Habilitation services are not available: 1. On the same day a participant is receiving Career Exploration, Community Development Services, Employment Discovery and

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Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
(Traditional) W5886 (SD) <u>Current Code</u> CP Waiver W2102 (Traditional) W5786 (SD)	W5887 (SD) <u>Current Code</u> CS Waiver W8342 (Traditional) W5787 (SD)	- Day Habilitation services are provided Monday through Friday.	<p><i>intended to dictate the actual provision of services; AND</i></p> <ul style="list-style-type: none"> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Authorized staffing levels are determined by the person's needs.</i></p> <ul style="list-style-type: none"> - <i>For people who do not require dedicated 1:1 or 2:1 staffing, the service is provided in</i> <ul style="list-style-type: none"> o <i>Small Group (2-5); OR</i> o <i>Large Group (6-10)</i> - <i>For people with medical needs</i> <ul style="list-style-type: none"> o <i>1:1: HRST documenting the need for 1:1 dedicated staff to be reviewed/ authorized by RN.</i> o <i>2:1: HRST documenting the need for 2:1 dedicated staff to be reviewed/ authorized by RN.</i> - <i>For people with behavioral needs</i> <ul style="list-style-type: none"> o <i>1:1: HRST documenting the need for dedicated staff; AND a BP specifying the provision of 1:1 supports.</i> o <i>2:1: HRST documenting the need for dedicated staff; AND a</i> 	<p><i>the presence of staff who provided the services under the hours billed.</i></p>	<p>Customization, Medical Day Care, or Supported Employment services; and</p> <p>2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p> <p>Effective July 1, 2020, Day Habilitation services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Employment,</p>



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			<p><i>BP specifying the provision of 2:1 supports.</i></p> <p><i>Service limits for Day Habilitation Services are as follows:</i></p> <ul style="list-style-type: none"> - 8 hours per day; - 40 hours per week including Career Exploration, Community Development Services, Employment Services – Job Development, and Employment Services – Ongoing Job Supports; AND - Only available Monday – Friday. 		Supported Living, or Transportation services.
<p>Career Exploration</p> <p>Rate: TBD</p> <p>FY2021 Proc Code: CP Waiver Facility Based W5683 Small Group W5681 Large Group W5682</p> <p><u>Current Code</u> CP Waiver Facility Based</p>	<p>Current - Day</p> <p>Hour – FY2021</p> <p>FY2021 Proc Code: CS Waiver Facility Based W5689 Small Group W5687 Large Group W5688</p> <p><u>Current Code</u> CS Waiver Facility Based</p>	<p>Career Exploration are time limited services to help the person to learn skills to work toward competitive integrated employment, through:</p> <ul style="list-style-type: none"> - Facility-Based Supports at a fixed site owned, operated, or controlled by a licensed provider or doing work under a contract being paid by a licensed provider and are only available Monday – Friday. - Small and Large Groups where people complete tasks under a contract with the provider at a community site not owned, operated or controlled by the licensed provider, i.e. enclaves, mobile crews: <ul style="list-style-type: none"> o Small: 2 – 8 people; OR o Large: 9 – 16 people. 	<p><i>Service Authorization requirements for Career Exploration include the following:</i></p> <ul style="list-style-type: none"> - <i>The person is 18 years of age or older and no longer in high school;</i> - <i>Prior to July 2018, the person</i> <ul style="list-style-type: none"> o <i>Has been working under a supported employment contract; OR</i> o <i>Has been receiving day habilitation; AND</i> - <i>The person's PCP includes</i> <ul style="list-style-type: none"> o <i>An employment goal that outlines transition to competitive integrated employment documentation; AND</i> o <i>Documentation that the person has been informed of other meaningful day services.</i> 	<p><i>Required documentation for Career Exploration includes the following:</i></p> <ul style="list-style-type: none"> - <i>Attendance log to include in and out times;</i> - <i>Documented affirmation the service was provided, such as a service note; AND</i> - <i>Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.</i> <p><i>Required documentation for Small and Large Group Supports</i></p> <ul style="list-style-type: none"> - <i>Attendance log listing all people in a group (Small: 2-8; Large: 9-16) to include in and out times</i> 	<p>From July 1, 2018 through June 30, 2019, Career Exploration services are not available:</p> <ol style="list-style-type: none"> 1. On the same day a participant is receiving Community Development Services, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and 2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services,



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Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
W5680 Small Group W5678 Large Group W5679	W5686 Small Group W5684 Large Group W5685		<ul style="list-style-type: none">- A person must be reauthorized annually to receive this service. <p>Service limits for Career Exploration are as follows:</p> <ul style="list-style-type: none">- Effective July 2019 when a person is authorized to receive this service for the first time, authorization must be limited to 3 months without exception;- 8 hours per day; AND- 40 hours per week including Community Development Services, Day Habilitation, Employment Services – Job Development, and Employment Services – Ongoing Job Supports.- Facility-based services are limited to Monday – Friday.- Anyone authorized to receive Career Exploration services prior to 7/1/20, must be transitioned into a new appropriate service by October 1, 2020 unless otherwise authorized by DDA.	<ul style="list-style-type: none">- and the location of service provision;- Documented affirmation the service was provided, such as a service note; AND- Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.	Shared Living, Supported Living, or Transportation services. Effective July 1, 2019, Career Exploration services are not available at the same time as the direct provision of Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Assistive Technology and Services Rate: Cost of item, service, etc. Proc Code: CP Waiver W5690 (Traditional) W5691 (SD)	Items Upper Pay Limit (UPL) Proc Code: CS Waiver W5692 (Traditional) W5693 (SD) Proc Code: FS Waiver W5694 (Traditional) W5695 (SD)	Assistive Technology (AT) – An AT item, computer application, piece of equipment or product system Assistive technology Services (ATS) – assist in the selection, acquisition, use or maintenance of an AT device Included in AT: <ul style="list-style-type: none"> - Speech and communication devices also known as augmentative and alternative communication devices (AAC) such as speech generating devices, text-to-speech devices and voice amplification devices; - Blind and low vision devices such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers; - Deaf and hard of hearing devices such as alerting devices, alarms, and assistive listening devices; - Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones; - Environmental control devices such as voice activated lights, lights, fans, and door openers; - Aides for daily living such as weighted utensils, adapted writing implements, dressing aids; 	<i>Service Authorization requirements for Assistive Technology and Services include the following:</i> AT < = \$1,000 <ul style="list-style-type: none"> - Documentation that the AT is to maintain, improve the person's functional abilities, enhance interactions, support meaningful relationships, promote independent living or participate in the community; - Documentation verifying the item(s) isn't covered under the Medicaid state plan such as a Durable Medical Equipment (DME), a stand-alone waiver service such as a vehicle or home modification, or available through another funding source such as Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), Maryland State Department of Education, and Maryland Department of Human Services; AND - The AT is not experimental or prohibited by State or Federal Authority. AT > \$1,000 <ul style="list-style-type: none"> - Documentation that the AT is to maintain, improve the person's functional abilities, enhance interactions, support meaningful 	<i>Required documentation for Assistive Technology and Services includes the following:</i> All provider types <ul style="list-style-type: none"> - AT Assessment: Assessment signed and dated by the professional completing the assessment and an invoice that lists the person's name, date and signature. - Other ATS: Invoice that includes an itemized list of AT services, the person's name, date and signature of person or authorized representative acknowledging receipt. - AT: Invoice that includes an itemized list of AT, the person's name, date and signature acknowledging receipt. OHCDs <ul style="list-style-type: none"> - Documentation that the vendor meets all applicable provider qualifications and standards; AND - Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy. 	

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<ul style="list-style-type: none"> - Cognitive support devices and items such as task analysis applications or reminder systems; - Remote support devices such as assistive technology health monitoring such as blood pressure bands and - oximeter and personal emergency response systems; AND - Adapted toys and specialized equipment such as specialized car seats and adapted bikes. <p>Included in ATS:</p> <ul style="list-style-type: none"> - Assistive Technology needs assessment; - Programs, materials, and assistance in the development of adaptive materials; - Training or technical assistance for the individual and their support network including family members; - Repair and maintenance of devices and equipment; - Programming and configuration of devices and equipment; - Coordination and use of assistive technology devices and equipment with other necessary therapies, interventions, or services in the Person-Centered Plan; AND 	<p><i>relationships, promote independent living or participate in the community;</i></p> <ul style="list-style-type: none"> - <i>Documentation verifying the item(s) isn't covered under the Medicaid state plan such as a Durable Medical Equipment (DME), a stand-alone waiver service such as a vehicle or home modification, or available through another funding source such as Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), Maryland State Department of Education, and Maryland Department of Human Services;</i> - <i>The AT is not experimental or prohibited by State or Federal Authority; AND</i> - <i>An independent AT assessment that lists all AT that would be most effective to meet the person's needs; AND</i> <ul style="list-style-type: none"> o <i>Lowest cost option is selected; OR</i> o <i>An explanation of why the chosen option is cost effective.</i> <p><i>Payment rates for ATS must be customary and reasonable as established by DDA.</i></p>		



SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<ul style="list-style-type: none">- Services consisting of purchasing or leasing devices.	<p><i>The below costs are not included in the rate for Assistive Technology and Services:</i></p> <ul style="list-style-type: none">- Wheelchairs, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a prescription by physicians or medical providers when these items are covered either through the Medicaid State Plan as Durable Medical Equipment (DME), a stand-alone waiver service (i.e. environmental modification and vehicle modifications), or through DORS;- Services, equipment, items or devices that are experimental or not authorized by the State or Federal authority; OR- Smartphones and associated monthly service line or data costs.		
Behavioral Support Services	See individual services below	<p><i>Behavioral Support Services are an array of services to assist people who are, or may experience difficulty as a result of behavioral, social, or emotional issues. These services seek to understand a person's challenging behavior and its function to develop a Behavior Plan with the primary aim of enhancing the person's independence and inclusion in their community.</i></p> <p><i>BSS include 2 services reimbursed as a milestone payment:</i></p>	<i>See individual services below</i>	<i>See individual services below</i>	Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports or Respite Care services.



<p>assessment (BA); AND n (BP).</p> <p>service services: onultation; AND t Implementation</p>	
<p>the person's vior by collecting and nt data, discussing the the person's support ded, developing a P) that best addresses ne behavior.</p>	<p><i>Service Authorization requirements for Behavioral Assessment (BA) include the following:</i></p> <ul style="list-style-type: none"> - <i>Person has a documented history behaviors resulting in difficulty in the home or community (ex. past BP functional BA from school); OR</i> - <i>A person who has had an event that is impacting their well-being (ex. Death in the family, severe physical trauma, new emerging behaviors of unknown etiology, etc.)</i> <p><i>Additional requirements are as follows:</i></p> <ul style="list-style-type: none"> - <i>Due to services available under EPSDT, the person must be over the age of 21, AND</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan Division of Rehabilitation Services</i>

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>Education, and Department of Human Services.</i></p> <ul style="list-style-type: none"> - <i>People receiving Community Living-Enhanced Supports cannot receive a BA.</i> - <i>State funds may be authorized for the service if the person is not eligible for Medicaid and/or other modes of payment are unavailable.</i> <p><i>Services limits for Behavioral Assessment are as follows:</i></p> <ul style="list-style-type: none"> - <i>Only one BA will be authorized every 12- month period unless the quality of the assessment conducted by the provider did not meet DDA standards.</i> 	<p><i>duration, intensity, severity, variability, cyclical); AND</i></p> <ul style="list-style-type: none"> - <i>Specific hypotheses for the identified challenging behavior.</i> 	
<p>Behavioral Plan (BP)</p> <p>Rate: \$814.48</p> <p><u>Proc Code:</u> CP Waiver W5710 (Traditional) W5711 (SD)</p>	<p>Milestone</p> <p><u>Proc Code:</u> CS Waiver W5712 (Traditional) W5713 (SD)</p> <p><u>Proc Code:</u> FS Waiver W5714 (Traditional) W5715(SD)</p>	<p>The BP is developed that best addresses the function of the behavior, if needed based on DDA requirements.</p>	<p><i>The behavioral plan will be authorized simultaneously with the behavioral assessment. However, the behavioral plan will only be reimbursed IF the assessment indicates a need for a behavioral plan.</i></p> <p><i>Service Authorization requirements for Behavioral Plan (BP) include the following:</i></p> <ul style="list-style-type: none"> - <i>People receiving Community Living Enhanced Supports cannot receive a Behavioral Plan</i> 	<p><i>Required documentation for the Milestone payment includes the following:</i></p> <ul style="list-style-type: none"> - <i>Behavioral Assessment indicating the need for a formalize behavioral plan; AND</i> - <i>Recommended positive behavioral supports and implementation plan based on DDA requirements.</i> 	

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SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Proc Code: CP Waiver W5740 (Traditional) W5741 (SD)	Proc Code: CS Waiver W5742 (Traditional) W5743 (SD) Proc Code: FS Waiver W5744 (Traditional) W5745 (SD)	<ul style="list-style-type: none"> - The person's need for assistive technology and or modifications; AND/OR - The person's support network including family members' capacity to support independence. 	<ul style="list-style-type: none"> - <i>Cannot be authorized for people receiving Community Living – Group Home or Enhanced Supports; AND</i> - <i>Documentation verifying the item(s) isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Service limits for Environmental Assessments are as follows:</i></p> <ul style="list-style-type: none"> - <i>Person may only receive 1 EA annually.</i> 	<ul style="list-style-type: none"> - <i>person in his/her primary residence;</i> - <i>Findings;</i> - <i>Recommendations for EM and/or AT; AND</i> - <i>Signature/date of provider.</i> <p>OHCDS</p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDS / Qualified Provider Agreement that meets the specifications of DDA policy.</i> 	
Environmental Modifications Rate: Cost of item, service, etc. Proc Code: CP Waiver W5750 (Traditional) W5751 (SD)	Item Upper Pay Limit (UPL) Proc Code: CS Waiver W5752 (Traditional) W5753 (SD)	Environmental Modifications (EM) are physical modifications to a person's home designed to promote independent or create a safer healthier environment for the person. Includes: Grab bars, ramps, railings, warnings on walking surfaces, alert devices, adaptations to electrical, phone and lighting systems, widening of doorways and halls, door openers, installation of lifts and stair glides, bathroom and kitchen modifications for accessibility, alarms or locks, protective coverings,	<p><i>Service Authorization requirements for Environmental Modifications include the following:</i></p> <ul style="list-style-type: none"> - <i>Cannot be authorized for Community Living – Group Home or Enhanced Supports;</i> - <i>Documentation verifying the item(s) isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services;</i> - <i>Pre-approval from property manager or home owner that the person will be</i> 	<p><i>Required documentation for Environmental Modifications includes the following:</i></p> <p><i>All provider types</i></p> <ul style="list-style-type: none"> - <i>Receipts for materials purchase and labor costs provided in an invoice; AND</i> - <i>EM that require a building permit require a complete inspection.</i> <p>OHCDS</p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider</i> 	Environmental Modifications are not available to participants receiving support services in residential models including Community Living—Enhanced Supports and Community Living-Group Home services.



SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
	Proc Code: FS Waiver W5754 (Traditional) W5755 (SD)	Plexiglas, raised/lowered electrical switches and sockets, safety screen doors, training on use of modification and service and maintenance of modifications.	<p><i>allowed to remain in the residence for at least one year; AND</i></p> <ul style="list-style-type: none">- <i>Any restrictive modifications are approved in the person's approved BP.</i> <p><i>>\$2,000</i></p> <ul style="list-style-type: none">- <i>EA assessment that recommends EM; AND</i>- <i>Unless otherwise approved by DDA, 3 bids must be provided with the lowest bid selected.</i> <p><i>The below costs are not included in the rate for Environmental Modifications:</i></p> <ul style="list-style-type: none">- <i>Home improvements such as carpeting, roof repair, decks, a/c that are of general utility, not of direct medical or remedial benefit to the person.</i>- <i>EM that add to the home's total square footage unless the construction is related to the person's accessibility.</i>- <i>EM provided by a family member or relative.</i>- <i>Purchase of a generator for use other than to support medical health devices used by the person that require electricity.</i> <p><i>Service limits for Environmental Modifications are as follows:</i></p>	<p><i>qualifications and standards; AND</i></p> <ul style="list-style-type: none">- <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> <p><i>Note: If provided to a person transitioning from an institution – service is billed as a Medicaid administrative cost.</i></p>	

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<ul style="list-style-type: none"> - <i>Costs of services must be customary, reasonable, and may not exceed a total of \$15,000 every three years.</i> 		
Family Caregiver Training & Empowerment Rate: Cost of item, training Proc Code: CP Waiver W5770 (Traditional) W5771 (SD)	Item Upper Pay Limit (UPL) Proc Code: CS Waiver W5772 (Traditional) W5773 (SD) Proc Code: FS Waiver W5774 (Traditional) W5775 (SD)	Family Caregiver Training & Empowerment includes: <ul style="list-style-type: none"> - Educational materials, training programs, workshops and conferences that help the family caregiver to: <ul style="list-style-type: none"> o Understand the disability of the person supported; o Achieve greater competence and confidence in providing supports; o Develop and access community and other resources and supports; o Develop or enhance key parenting strategies; o Develop advocacy skills; AND/OR o Support the person in developing self-advocacy skills 	<i>Service Authorization requirements for Family Caregiver Training & Empowerment include the following:</i> <ul style="list-style-type: none"> - <i>Service must be provided to an unpaid family member who is providing support, training, companionship or supervision of the person; AND</i> - <i>Documentation verifying the services aren't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <i>Service Limits for Family Caregiver Training & Empowerment are as follows:</i> <ul style="list-style-type: none"> - <i>CP Waiver only</i> <ul style="list-style-type: none"> o <i>Training is limited to 10 hours per year per person</i> o <i>Educational materials and training programs, workshops and conference registration costs are limited to \$500 per person per year.</i> 	<i>Required documentation for Family Caregiver Training and Empowerment includes the following:</i> <i>A copy of the training or conference agenda, invoice detailing the costs of the training, conference or materials, and a signed and dated acknowledgement of the caregiver of attendance or receipt of materials.</i> <i>*Note: OHCDs is not a qualified provider.</i>	

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>The below costs are not included in the rate for Family Caregiver Training & Empowerment:</i></p> <p><i>Cost of travel, meals, or overnight lodging.</i></p> <p><i>(Note: Amendment #1 will apply same limits to all waivers)</i></p>		
<p>Family and Peer Mentoring Supports</p> <p>Rate: \$59.55</p> <p>Proc Code: W5760 (Traditional) W5761 (SD)</p>	<p>Hour</p> <p>Proc Code: CS Waiver W5762 (Traditional) W5763 (SD)</p> <p>Proc Code: FS Waiver W5764 (Traditional) W5765 (SD)</p>	<p>Peer and family mentors explain community services, programs, and strategies they have used to achieve persons' goals. Shared experiences provide support and guidance to the person and/or family members to navigate a broad range of community resources beyond those offered through the waiver with other waiver persons and their families. Limited in nature, service is aimed at providing support and advice based on lived experience of a family member or self-advocate.</p> <ul style="list-style-type: none"> - Family and Peer Mentoring Supports include supports to siblings from others with shared experiences. 	<p><i>Service Authorization requirements for Family and Peer Mentoring Supports include the following:</i></p> <ul style="list-style-type: none"> - <i>Service need is identified in the person's PCP; AND</i> - <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Service limits for Family and Peer Mentoring Supports are as follows:</i></p> <ul style="list-style-type: none"> - <i>Service is limited to 8 hours per day.</i> 	<p><i>Required documentation for Family and Peer Mentoring Supports includes the following:</i></p> <ul style="list-style-type: none"> - <i>Provider time sheets or payroll records documenting the start/end time of staff/mentor providing services; AND</i> - <i>For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. service note.</i> <p><i>*Note: OHCDs is not a qualified provider.</i></p>	

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SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
<u>Proc Code:</u> CP Waiver W5790 W5794 Staff Recruitment	<u>Proc Code:</u> CS Waiver W5793 W5792 Staff Recruitment <u>Proc Code:</u> FS Waiver W5791 W5795 Staff Recruitment	<p>Individual and Family Directed Goods and Services includes dedicated funding up to \$500 that persons may choose to use to support staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries</p> <p>Purchase of equipment or supplies for self-directing individuals that relate to a need or goal identified in the PCP, maintain or increase independence, promote opportunities for community living and inclusion, and are not available under a waiver service, Medicaid state plan, or another source.</p> <p>Included:</p> <ul style="list-style-type: none">- Up to \$500 for staff recruitment;- Dental services recommended by a licensed dentist and not covered by health insurance, Fitness memberships and items, weight loss program services other than food;- Nutritional supplements recommended by a professional licensed in the relevant field;- Therapeutic swimming or horseback riding with recommendation from licensed professional;	<ul style="list-style-type: none">- <i>Up to \$500 available to support people to recruit staff.</i>	<ul style="list-style-type: none">- <i>Written assessment, behavioral or housing support plan, etc. as per required by specific service; and</i>- <i>Receipts for purchased items.</i> <p><i>Note: Transition services provided to an individual leaving an institution up to 180 days prior to moving is billed as a Medicaid administrative cost.</i></p>	

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<ul style="list-style-type: none"> - Fees for activities that promote community integration; AND/OR - Second wheelchair. <p>Not Included:</p> <ul style="list-style-type: none"> - Items that have no benefit to the person; - Utility charges; - Co-payment for medical services, over the counter medications, or homeopathic services; - Items used solely for entertainment or recreational purposes (e.g. televisions, video recorders, game stations, DVD player, and monthly cable fees); - Experimental or prohibited goods and treatments; - Monthly telephone fees; - Room & board, including deposits, rent, and mortgage expenses and payments; - Food; - Fees associated with telecommunications; - Tobacco products, alcohol, marijuana, or illegal drugs; - Vacation expenses; - Insurance; vehicle maintenance or any other transportation-related expenses; 			



SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<ul style="list-style-type: none">- Tickets and related costs to attend recreational events;- Personal trainers; spa treatments;- Goods or services with costs that significantly exceed community norms for the same or similar good or service;- Tuition; educational services otherwise available through a program funded under the Individuals with Disabilities Education Action (IDEA), including private tuition, Applied Behavioral Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies;- Staff bonuses and housing subsidies;- Subscriptions;- Training provided to paid caregivers;- Services in hospitals;- Costs of travel, meals, and overnight lodging for staff, families and natural support network members to attend a training event or conference;- Service animals and associated fees; OR- Additional units or costs beyond the maximum allowable for Medicaid or waiver services.			

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Live-In Caregiver Supports <i>(Available under CP Waivers only)</i> Rate: \$1,200 Proc Code: CP Waiver W5877 (Traditional) W5878 (SD)	Month	Live-In Caregiver Supports includes: Rent and food costs of a live-in caregiver that is providing supports and services in the person's home.	<i>Service Authorization requirements for Live-In Caregiver Supports include the following:</i> <ul style="list-style-type: none"> - <i>The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Shared Living Services;</i> - <i>Verification that the person has a valid rental agreement or home ownership and are not living in the home of family, the caregiver or a provider; AND</i> - <i>Written agreements including detailed service expectations, arrangement termination procedures, resources for unfulfilled obligations, and monetary considerations signed by the person and the caregiver.</i> - <i>If the person is receiving Section 8 rental assistance, documentation of the rental agreement and the section 8 status if the dwelling must be provided.</i> - <i>The monthly amount authorized is based on the HUD/fair market housing for rental costs.</i> - <i>The monthly amount authorized for food is the USDA Monthly Food Plan Cost at the 2-person moderate plan level (\$612 as of 7/2018) at https://www.cnpp.usda.gov/sites/default/files/CostofFoodJul2018.pdf</i> 	<i>Required documentation for Live-In Caregiver Supports includes the following:</i> <i>OHCDs (only qualified provider)</i> <ul style="list-style-type: none"> - <i>Invoice signed by the person or their guardian, including dates service was provided, the signature of the live-in caregiver, and statement that the services were successfully executed;</i> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> 	Live-In Caregiver Rent is not available to participants receiving support services in residential models, including Community Living-Enhanced Supports, Community Living-Group Home, Shared Living and Supported Living services;

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Nursing Consultation Rate: \$18.70 Proc Code: CP Waiver W5801 (SD)	15 minute Proc Code: CS Waiver W5807 (SD) Proc Code: FS Waiver W5819 (SD)	Reviews information about self-directing the person's health; provides recommendations to the person on how to have these needs met in the community; and in collaboration with the person (who is the employer of record), recommends care protocols for the person to use when the person trains their staff. Service is provided to people who are self-directing services (SDS), to: - Verify the accuracy of the HRST; - Conduct a comprehensive nursing assessment; - Identify health care issues; AND - Collaborate with the person/caregivers in protocol development. Service does NOT include delegation of medication administration or treatment.	<i>Service Authorization requirements for Nursing Consultation include the following:</i> - The person is enrolled in SDS; - Over 21 years of age (under 22 – should be referred to EPSDT); - Living in his/her own home or family home; AND <ul style="list-style-type: none"> Able to self-medicate; Requires no medications or treatments; OR Receiving supports from gratuitous (unpaid) caregivers and has no paid caregivers. <i>Nurse Consultation Services cannot be provided:</i> - In a DDA-licensed residential or day site. - If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility. - If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services. <i>Service limits for Nursing Consultation are as follows:</i> Requested hours will be authorized up to a limit of 4 hours per quarter; OR 64 15-minute units per year.	<i>Required documentation for Nursing Consultation includes the following:</i> - A comprehensive assessment; - HRST that details training and service recommendations reviewed/updated initially, at every quarterly consultation, and PRN; - Documentation of the person's ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN; AND - Health protocol recommendations reviewed/updated initially and PRN. <i>Required as applicable to the need for and provision of services:</i> - Documentation within the person's file of recommendations for utilizing community resources. <i>Each continuous block of units must include the date of services and name and signature of the RN providing services.</i>	Nurse Consultation services are not available to participants receiving supports in other Nursing services, including Nurse Health Case Management and Nurse Case Management and Delegation Services. Nurse Consultation services are not available at the same time as the direct provision of Career Exploration, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Supported Employment, or Transportation services.

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SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<ul style="list-style-type: none">- Provide recommendations to access health services and supports;- Ensure the person, the PCP team and providers have health information and recommendations related to the provision of health services (annual written report);- Develop health care plans and train, supervise, evaluate and remediate protocols for the provision of supports for<ul style="list-style-type: none">o Activities of Daily Living (ADL);o Emergency interventions; AND/ORo Other health monitoring;- Monitor health services and health data; AND/OR- Telephone Triage. <p>In provision of Nurse Health Case Management Services, the RN will collaborate with the DDA licensed provider agency in the development of policies and procedures required for delegation of any nursing tasks.</p>	<ul style="list-style-type: none">- <i>Authorized hours are based upon the HRST algorithm and are limited to 4 hours per quarter or 64 15-minute units per year.</i>	<ul style="list-style-type: none">- <i>Documentation of review/monitoring of health services and health data.</i> <p><i>Required as applicable to the need for and provision of services:</i></p> <ul style="list-style-type: none">- <i>Telephone triage.</i>- <i>Documentation within the person's file of recommendations for utilizing community resources.</i>- <i>Annual written report to the PCP team.</i> <p><i>Each continuous block of units must include the date of services and name and signature of the RN providing services.</i></p>	

<p>Nursing Health Case Management and Delegation</p> <p>Rate: \$18.70</p> <p>Proc Code: CP Waiver W5804 (Traditional) W5805 (SD)</p>	<p>15 minutes</p> <p>Proc Code: CS Waiver W5816 (Traditional) W5817 (SD)</p> <p>Proc Code: FS Waiver W5799 (Traditional) W5798 (SD)</p>	<p>Provides health case management AND delegates nursing tasks to unlicensed staff who are certified to administer medication and treatments. The service is provided to people utilizing Personal Supports and/or Meaningful Day Supports under either a traditional or SDS model. Service includes:</p> <ul style="list-style-type: none"> - Review/Update HRST; - Complete a comprehensive nursing assessment; - Determine if person can self-medicate; - Determine if tasks can be delegated; - Provide recommendations to access health services and supports; - Ensure the person, the PCP team and providers have health information and recommendations related to the provision of health services (annual written report); - Develop health care plans and train, supervise, evaluate and remediate protocols for the provision of supports for <ul style="list-style-type: none"> o Activities of Daily Living (ADL); o Emergency interventions; AND/OR o Other health monitoring; - Monitor health services and health data; - Telephone triage; AND - Delegation of nursing tasks; 	<p><i>Service Authorization requirements for Nursing Health Case Management and Delegation include the following:</i></p> <ul style="list-style-type: none"> - <i>The person is receiving Personal Supports and/or Meaningful Day Supports under either a traditional or SDS model; AND</i> - <i>Over 21 years of age (under 22 – should be referred to EPSDT).</i> <p><i>Nursing Health Case Management & Delegation cannot be provided:</i></p> <ul style="list-style-type: none"> - <i>In a DDA-licensed residential setting as nursing costs are included in the residential rate. (Note Amendment #1 will support additional delegation hours being authorized under licensed residential settings.)</i> - <i>If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility.</i> - <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i> <p><i>Service limits for Nursing Health Case Management and Delegation are as follows:</i> <i>Authorized hours are based upon the HRST algorithm.</i></p>	<p><i>Required documentation for Nursing Health Case Management and Delegation includes the following:</i></p> <ul style="list-style-type: none"> - <i>A comprehensive assessment;</i> - <i>HRST that details training and service recommendations reviewed/updated initially, at every quarterly consultation, and PRN;</i> - <i>Documentation of the person’s ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN;</i> - <i>Health care plan developed at initial consultation and reviewed/updated every 90 days and PRN;</i> - <i>Documentation of training and staff remediation provided, including training content, people trained, names of supervised staff and tasks they are responsible for supervising;</i> - <i>Documentation of collaboration with the health care providers and the person’s clinical team including the name of the health care provider, names of team members and a description of the collaboration;</i> 	<p>Nurse Case Management and Delegations Services are not available to participants receiving supports in other Nursing services including Nurse Consultation, and Nurse Health Case Management.</p> <p>Nurse Case Management and Delegation services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.</p>
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		<ul style="list-style-type: none"> ○ Assessment ○ Delegation ○ Training, supervision and remediation of unlicensed staff; AND <p>Provision of on call services to staff administering medication</p>		<ul style="list-style-type: none"> - Documentation of review/monitoring of health services and health data; AND - Medication Administration Record (MAR). <p>Required as applicable to the need for and provision of services:</p> <ul style="list-style-type: none"> - Telephone triage. - Documentation within the person's file of recommendations for utilizing community resources. - Annual written report to the PCP team. <p>Each continuous block of units must include the date of services and name and signature of the RN providing services.</p>	
<p>Participant Education, Training, and Advocacy Supports</p> <p>Rate: Cost of training, etc.</p> <p>Proc Code: CP Waiver W5780 (Traditional) W5781</p>	<p>Item</p> <p>Upper Pay Limit (UPL)</p> <p>Proc Code: CS Waiver W5782 (Traditional) W5783</p>	<p>Participant Education, Training, and Advocacy Supports provides training programs, workshops and conferences that help the person develop skills</p> <p>Covered expenses include:</p> <ul style="list-style-type: none"> - Education/Training enrollment fees; - Books and educational materials; AND - Education related transportation. <p>Not Included:</p> <ul style="list-style-type: none"> - Tuition, airfare, cost of meals or overnight lodging 	<p><i>Service Authorization requirements for Participant Education, Training, and Advocacy Supports include the following:</i></p> <ul style="list-style-type: none"> - <i>Service need is identified in the person's PCP; AND</i> - <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> 	<p><i>Required documentation for Participant Education, Training, and Advocacy Supports includes the following:</i></p> <p><i>A copy of the training or conference agenda, invoice detailing the costs of the training, conference or materials, and a signed and dated acknowledgement of the person of attendance or receipt of materials.</i></p> <p><i>*Note: OHCDs is not a qualified provider.</i></p>	<p>Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.</p>

(SD)	(SD) Proc Code: FS Waiver W5784 (Traditional) W5785 (SD)		<i>Service limits for Participant Education, Training, and Advocacy Supports are as follows:</i> - For CP <ul style="list-style-type: none"> Service is limited to 10 hours of training per person per year The amount of training or registration fees is limited to \$500 per person per year. <i>(Note: Amendment #1 will apply same limits to all waivers)</i>		
Personal Supports Rate: \$6.83 <i>Existing Rate</i> <u>Current Code</u> CP Waiver W2133 (Traditional) W2137 (SD) <u>FY21 Proc Code:</u> CP Wavier W5810 (Traditional) W2142 (Traditional Enhanced)	15 minute Proc Code: CS Waiver W5812 (Traditional) W2143 (Traditional Enhanced) W5813 (SD) W2140 (SD Enhanced) Proc Code: FS Waiver	Services assist people who live in their own or family homes with acquiring and building the skills necessary to maximize their personal independence. These services include: <ul style="list-style-type: none"> In home skills development; Community integration and engagement skills development; AND Personal care assistance services. Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do for themselves only when in combination of other allowable Personal Supports activities occurring.	<i>Service Authorization requirements for Personal Supports include the following:</i> <ul style="list-style-type: none"> The person lives in their own home or their family's home; The person needs habilitative supports for community engagement (outside of meaningful day services) or home skills development; The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; Family and natural supports have been explored and exhausted; AND This service is the most cost-effective service to meet the person's needs. <i>Personal Supports cannot be authorized:</i> <ul style="list-style-type: none"> When PS supplants or duplicates CFC. 	<i>Required documentation for Personal Supports includes the following:</i> <ul style="list-style-type: none"> Service note describing activities/supports that align with the PCP; AND Start and stop time of the services provided will be documented in the EVV system maintained and provided by the Maryland Department of Health (MDH)/DDA. Providers are required to retain staff time sheets or payroll information documenting the provision of the services. 	Personal Supports services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Respite Care Services, Supported Employment, Supported Living, or Transportation services.



W5811 (SD) W2139 (SD Enhanced)	W5814 (Traditional) W2144 (Traditional Enhanced) W5815 (SD) W2141 (SD Enhanced)		<ul style="list-style-type: none">- <i>In lieu of respite or supervision.</i>- <i>If personal care comprise the entirety of the service.</i> <p><i>Supporting documentation to demonstrate assessed need for Personal Supports includes the following:</i></p> <ul style="list-style-type: none">- <i>The number of hours requested must be commensurate with the outcomes, purpose, and services objectives maintained in the person's PCP. The number of hours authorized will be determined based on:</i><ul style="list-style-type: none">• <i>Information provided in the person's schedule of activities; AND</i>• <i>Documented outcomes included in the PCP and the alignment of the supports requested with those outcomes.</i> <p><i>Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the person's exceptional care needs due to the person's disability that are above and beyond the typical, basic care for a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver person.</i></p> <ul style="list-style-type: none">- <i>Assessment of the person's age, exceptional care needs, outcome, and activities is needed.</i>		
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			<p><i>Service limits for Personal Supports are as follows:</i></p> <p><i>Personal Support services are limited to 82 hours per week unless otherwise preauthorized by the DDA.</i></p> <p><i>(Note: Amendment #1 will add an enhanced service options to all waivers)</i></p>		
<p>Remote Support Services</p> <p>Rate: Cost of item, service, etc.</p> <p>Proc Code: CP Waiver W5820 (Traditional) W5821 (SD)</p>	<p>Item</p> <p>Upper Pay Limit (UPL)</p>	<p>Remote Support Services (RSS) includes:</p> <ul style="list-style-type: none"> - Electronic support system installation, repair, maintenance, and back-up system; - Training and technical assistance for the person and his/her support network; - Off-site system monitoring staff; AND - Stand-by intervention staff for notifying emergency personnel such as police, fire, and back-up support staff. 	<p><i>Service Authorization requirements for Remote Support Services (RSS) include the following:</i></p> <ul style="list-style-type: none"> - <i>Person is 18+ years old and is not receiving Community Living – Enhanced Supports or Shared Living;</i> - <i>Team has conducted a preliminary assessment to consider the person’s goals, level of support needs, behavioral challenges, risks and benefits and other residents in the home and is documented in the person’s PCP;</i> - <i>DDA approved RSS provider policies detailing procedures to ensure the person’s health, welfare, independence, and privacy and system security;</i> - <i>Informed consent has been obtained from all people living in the home;</i> - <i>Unless exempted by DDA, demonstration that RSS cost no more than direct staffing; AND</i> - <i>Verification that RSS are done in real time by awake staff at a monitoring base using:</i> <ul style="list-style-type: none"> o <i>Live 2-way communication;</i> 	<p><i>Required documentation for Remote Support Services includes the following:</i></p> <p><i>All provider types</i></p> <ul style="list-style-type: none"> - <i>Invoice that includes an itemized list of RSS, the person’s name, date and signature of person or authorized representative acknowledging receipt.</i> <p><i>OHCDs</i></p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> 	<p>Remote Support Services are not available to participants receiving support services in Community Living Enhanced Supports or Shared Living services.</p>

			<ul style="list-style-type: none"> ○ Motion sensing; ○ Radio frequency identification; ○ Web-based monitoring systems; AND/OR ○ Other devices approved by DDA <p><i>Note: Time limited direct supports from the existing services are available during transition to remote monitoring. If a person has overnight supports and requests RSS in conjunction with overnight supports, this may be approved ONLY during a time-limited transition period of 90 days and the goal is to step down to only RSS.</i></p>		
<p>Respite Care</p> <p>Rate: Hour – \$20.83 Daily - \$322.14 Camp – UPL</p> <p>Proc Code: CP Waiver Hourly W5830 (Traditional) W5831 (SD)</p> <p>CP – Daily Current W5822 (Traditional) W5823 (SD)</p>	<p>Hour Daily Item</p> <p>Proc Code: CS Waiver Hourly W5832 (Traditional) W5833 (SD)</p> <p>CS - Daily W5824 (Traditional) W5825 (SD)</p>	<p>Respite Care is short-term care intended to provide both the family or other primary caregiver and the person with a break from their daily routines.</p> <p>Respite can be provided in:</p> <ul style="list-style-type: none"> - The person's own home, - The home of a respite care provider, - A licensed residential site, - State certified overnight or youth camps, OR - Other settings and camps as approved by DDA. <p>Not included:</p> <ul style="list-style-type: none"> - Fees associated with respite such as membership fees at a recreational facility, community activities or insurance fees. 	<p><i>Service Authorization requirements for Respite Care include the following:</i></p> <ul style="list-style-type: none"> - Description of support needed; - Cannot be used to replace day care while the person's parent or guardian is at work; - The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Rare and Expensive Medical Care (REM); AND - Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services. - Payment rates must be customary and reasonable as established by DDA. 	<p><i>Required documentation for Respite Care includes the following:</i></p> <p><i>Person's own home</i></p> <ul style="list-style-type: none"> - Time Sheet signed/dated by provider <p><i>Home of provider or licensed site</i></p> <ul style="list-style-type: none"> - Attendance log with person in and out times. <p><i>Non-camp settings</i></p> <ul style="list-style-type: none"> - A service note must be included for each continuous span of units that document caregiver relief. The note should be written, signed, and dated by the person providing the respite and by the caretaker. 	<p>Respite Care Services are not available to participants receiving support services in Community Living Enhanced Supports, Community Living-Group Home, or Supported Living services.</p> <p>Respite Care Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Supported Employment, Supported Living, or Transportation services.</p>



<p>CP – Daily FY2020 W5840 (Traditional) W5823 (SD)</p> <p>CP - Camp W5850 (Traditional) W5851 (SD)</p>	<p>CS – Daily FY2020 W5841 (Traditional) W5825 (SD)</p> <p>CS -Camp W5852 (Traditional) W5853 (SD)</p> <p><u>Proc Code:</u></p> <p>FS Waiver Hourly W5834 (Traditional) W5835 (SD)</p> <p>FS - Daily W5826 (Traditional) W5827 (SD)</p> <p>FS – Daily FY2020 W5842 (Traditional) W5827 (SD)</p> <p>FS - Camp W5854</p>	<p>- Habilitative supports or activities</p>	<p><i>Service limits for Respite Care are as follows:</i></p> <ul style="list-style-type: none">- <i>For CP:</i><ul style="list-style-type: none">○ <i>Hourly respite cannot exceed 24 hours in a day or 336 hours in a year.</i>○ <i>Camp cannot exceed \$7,248 annually.</i> <p><i>(Note: Amendment #1 will apply same limits to all waivers)</i></p>	<p><i>Camp:</i></p> <ul style="list-style-type: none">- <i>The provider must document verification that the respite camp was provided (an affirmative verification) and paid.</i> <p><i>*Note: OHCDs is not a qualified provider.</i></p>	
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	(Traditional) W5855 (SD)				
Support Broker Rate: Reasonable and Customary Range Proc Code: CP Waiver W5888	Hour Proc Code: CS Waiver W5889 Proc Code: FS Waiver W5890	Employer related information, coaching, and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services and available budget. Services include: - Information, coaching, and mentoring	<i>Service Authorization requirements for Support Broker include the following:</i> <ul style="list-style-type: none"> - Person is self-directing services; - Service need is identified in the person's PCP. <i>Service limits for Support Broker Services are as follows:</i> <ul style="list-style-type: none"> - Initial orientation and assistance up to 15 hours; - Information, coaching, and mentoring up to 4 hours per month unless otherwise authorized by DDA. - Additional assistance, coaching, and mentoring may be authorized based on assessed need. 	<i>Required documentation for Support Broker Services includes the following:</i> FMS <ul style="list-style-type: none"> - Documentation that the Support Broker meets all applicable provider qualifications and standards; - Time sheet with description of support provided noted 	
Transition Services Rate: Item, service, etc. Proc Code: CP Waiver W5860 (Traditional) W5861 (SD)	Item Upper Pay Limit (UPL)	Transition Services are allowable expenses related to moving from an institutional setting or from a provider home to a private residence. Included: <ul style="list-style-type: none"> - Security deposits that is required to obtain a lease on an apartment or home; - Reasonable cost, as defined by the DDA, of essential household goods; 	<i>Service Authorization requirements for Transition Services include the following:</i> <ul style="list-style-type: none"> - Documentation in the PCP that the person is unable to pay for or obtain assistance from other sources for transition related costs; - Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; 	<i>Required documentation for Transition Services includes the following:</i> <i>Receipts which reconcile with the approved log of items, to include the person's name, date and signature acknowledging receipt of the goods purchased within 60 days of the move.</i>	

		<ul style="list-style-type: none"> - Fees or deposits associated with set-up of essential utilities - telephone, electricity, heating and water; - Cost of services necessary for the person's health and safety, such as pest removal services and one-time cleaning prior to moving in; AND/OR - Moving expenses. <p>Not included:</p> <ul style="list-style-type: none"> - Monthly rent or mortgage, food, telephone fees, regular utility charges, and entertainment costs, such as cable fees; - Items purchased from the person's relatives, legal guardians or other legally responsible person; AND/OR - Payment for room and board. 	<ul style="list-style-type: none"> - <i>Log of items requested to be reviewed/authorized by DDA; AND</i> - <i>Transition services are furnished only to the extent that they are reasonable, necessary and based on the person's needs.</i> <p><i>Service limits for Transition Services are as follows:</i></p> <ul style="list-style-type: none"> - <i>\$5,000 lifetime limit unless authorized by DDA.</i> - <i>Transition items and goods must be procured within 60 days after moving.</i> 	<p><i>OHCDs</i></p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> <p><i>Note: Transition services provided to an individual leaving an institution up to 180 days prior to moving is billed as a Medicaid administrative cost.</i></p>	
<p>Transportation Services</p> <p>Rate: Service, prepaid card, etc.</p> <p>Proc Code: CP Waiver W5862 (Traditional) W5863 (SD)</p>	<p>Item</p> <p>Upper Pay Limit (UPL)</p> <p>Proc Code: CS Waiver W5864 (Traditional) W5865 (SD)</p> <p>Proc Code:</p>	<p>Transportation Services include:</p> <ul style="list-style-type: none"> - Orientation to using other senses or supports for safe movement; - Accessing Mobility and volunteer transportation services; - Travel training; - Transportation services including: public and community transportation, taxi services, and non-traditional transportation providers; - Purchase of prepaid transportation vouchers and cards; AND/OR 	<p><i>Service Authorization requirements</i></p> <p><i>Transportation Services include the following:</i></p> <ul style="list-style-type: none"> - <i>Description of transportation services and frequency to access community activities within their own community</i> - <i>Transport within a person's own community and is not transportation related to a medical service; AND</i> - <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> 	<p><i>Required documentation for Transportation Services includes the following:</i></p> <p><i>All Orientation services, accessing mobility and volunteer transportation services, travel training documentation includes:</i></p> <ul style="list-style-type: none"> - <i>Timesheet signed and dated by the provider; AND</i> - <i>Service note describing the service provided.</i> <p><i>All Prepaid transportation vouchers and cards documentation includes:</i></p>	<p>Transportation services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports (beginning July 1, 2020), Respite Care, Shared Living, Supported Employment, or Supported Living services.</p>



	FS Waiver W5856 (Traditional) W5870 (SD)	<ul style="list-style-type: none"> - Mileage reimbursement for transportation provided by another individual using their own car. <p>Not included:</p> <ul style="list-style-type: none"> - Payment to spouses or legally responsible individuals for furnishing transportation services. 	<p><i>Service limits for Transportation Services are as follows:</i></p> <ul style="list-style-type: none"> - For CP Waiver: \$7,500 annual limit. <p><i>(Note: Amendment #1 will apply same limits to all waivers and service models)</i></p>	<ul style="list-style-type: none"> - Receipt(s) signed/dated by the person acknowledging receipt. <p><i>All Mileage reimbursement documentation includes:</i></p> <ul style="list-style-type: none"> - Mileage log to include travel date and signature of the provider and the person. <p><i>OHCDS also require:</i></p> <ul style="list-style-type: none"> - Documentation that the vendor meets all applicable provider qualifications and standards; AND - Signed, dated OHCDS / Qualified Provider Agreement that meets the specifications of DDA policy. 	
Vehicle Modifications (VM) Rate: Service, item, etc. Proc Code: W5871 (Traditional) W5872 (SD)	Item Upper Pay Limit (UPL) Proc Code: CS Waiver W5873 (Traditional) W5874 (SD) Proc Code: FS Waiver	<p>Vehicle Modifications are adaptations or alterations to a vehicle that is the person's or the person's family's primary means of transportation.</p> <p>Included:</p> <ul style="list-style-type: none"> - Assessment to determine specific needs of the person as a driver or passenger, review modification options, and develop a prescription for required modifications of a vehicle; - Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the person, or legally 	<p><i>Service Authorization requirements for Vehicle Modifications include the following:</i></p> <ul style="list-style-type: none"> - Proof of vehicle registration/ownership to the person or legally responsible parent of a minor or other primary caretaker; - Assessment recommending the needed modification (unless Division of Rehabilitation Services ("DORS") assessment has been completed in the past year); - Documentation in the person's PCP the changes are a necessary component of achieving the PCP outcomes; - A prescription for vehicle modification completed by a qualified provider; 	<p><i>Required documentation for Vehicle Modifications includes the following:</i></p> <p><i>All Provider Types</i></p> <ul style="list-style-type: none"> - Vehicle Modifications: Verification that the modified vehicle meets safety standards. - All VM Services: <ul style="list-style-type: none"> o Invoice that includes an itemized list of VM Services, provider's signature, date and signature of person or authorized representative 	

	W5875 (Traditional) W5876 (SD)	<p>responsible parent of a minor or other caretaker as approved by DDA;</p> <ul style="list-style-type: none"> - Non-warranty vehicle modification repairs; AND/OR - Training on use of the modification. 	<ul style="list-style-type: none"> - <i>With new/used vehicle purchase in which the portion of the cost for the modification is request there must be a cost breakdown that specifies the cost of the modification; AND</i> - <i>Documentation verifying the vehicle modification isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Authorized costs of assessment, repairs and modification training must be customary and reasonable as established by DDA.</i></p> <p><i>The below costs are not included in the rate for Vehicle Modification:</i></p> <ul style="list-style-type: none"> - <i>Purchase of new/used vehicles, general vehicle maintenance or repair, State inspections, insurance, gas, fines, tickets or warranty purchase.</i> - <i>VM purchased by the program that have been damaged in an accident.</i> - <i>Modifications to provider owned vehicles.</i> <p><i>Service limits for Vehicle Modifications are as follows:</i></p> <ul style="list-style-type: none"> - <i>Must be within the \$15,000 ten-year limit.</i> 	<p><i>acknowledging receipt; AND</i></p> <ul style="list-style-type: none"> o <i>Retain assessment, prescription for vehicle modification, and cost breakdown as applicable.</i> <p><i>OHCDs</i></p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> 	
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RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Community Living-Group Home Support Rate: TBD <u>Current Code</u> CP Waiver W2101 (Traditional) FY2021 <u>Proc Code:</u> CP Waiver W5600 (Traditional)	Day	Community Living-Group Home Support services provide the person with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a community residential setting	<p><i>Effective July 1, 2018, the following criteria will be used for new persons to access Community Living – Group Home services:</i></p> <ol style="list-style-type: none"> <i>1. Person has critical support needs that cannot be met by other residential or in-home services and supports;</i> <i>2. This residential model is the least restrictive and most cost-effective service to meet needs; AND</i> <i>3. The person meets one of the following criteria:</i> <ul style="list-style-type: none"> <i>(a) He or she currently lives on his or her own and unable to care for himself or herself even with services and supports; (b) He or she currently lives on his or her own or with family or other unpaid caregivers and such living situation presents an imminent risk to his or her physical or mental health and safety or the health and safety of others;</i> <i>(c) The person is (i) homeless and living on the street; (ii) has no permanent place to live; or (ii) at immediate risk of homelessness or having no permanent place to live;</i> 	<p><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></p> <p><i>Documentation requirements for Community Living-Group Home Support includes the following:</i></p> <ul style="list-style-type: none"> <i>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</i> <i>- Documented affirmation the service was provided; examples include but are not limited to: MAR, service notes, etc.</i> <p><i>Providers are required to retain:</i></p> <ul style="list-style-type: none"> <i>- Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</i> <i>- Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</i> <i>- Documentation that staff meet all qualifications as required for this specific service and DDA.</i> 	Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>(d) The Person currently lives with family or other unpaid caregivers and documentation exists that in-home services available through the other waiver services would not be sufficient to meet the needs of the person;</i></p> <p><i>(e) The person's family's or unpaid caregiver's health changes significantly where the primary caregiver is incapacitated and there is no other available caregiver. Examples of such significant health changes include a long-term illness or permanent injury;</i></p> <p><i>(f) There is no family or unpaid caretaker to provide needed care;</i></p> <p><i>(g) There is a risk of abuse or neglect to the person in his or her current living situation as evidenced by: (1) recurrent involvement of the Child Protective Services (CPS) or Adult Protective Services (APS) as documented by the case manager that indicates the person's health and safety cannot be assured and attempts to resolve the situation are not effective with CPS or APS</i></p>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>involvement or (2) removal from the home by CPS or APS;</i></p> <p><i>(h) With no other home or residential setting available, the person is: (i) ready for discharge from a hospital, nursing facility, State Residential Center, psychiatric facility, or other institution; (ii) ready for release from incarceration; (iii) residing in a temporary setting such as a shelter, hotel, or hospital emergency department (iv) transitioning from a residential school; or (v) returning from an out of State placement; or</i></p> <p><i>(i) Extenuating circumstances.</i></p> <p><i>All: HRST must confirm the need for supported living services.</i></p> <p><i>If the person is living in their own, or a family home:</i></p> <ul style="list-style-type: none"><i>- Documentation that CFC and personal supports have been explored and are insufficient to meet the person's needs; OR</i><i>- Documentation that the person's health and welfare is jeopardized in their current living situation. Examples of documentation include APS</i>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>referrals, increased ER visits, critical incident reports, etc.</i></p> <p><i>If the person is in an institutional setting or homeless:</i></p> <ul style="list-style-type: none"><i>- Documentation that less restrictive living options have been explored and cannot meet the person's needs.</i> <p><i>Providers may request authorization to NOT staff a group home overnight. If authorized to NOT staff a group home, the costs of overnight direct staff are "turned off" or removed from the base rate. Requests to "turn off" overnight direct staff must be reviewed and may be approved by the regional office if ALL conditions are met:</i></p> <ul style="list-style-type: none"><i>- All people living in the home acknowledge they do not want to receive overnight supports;</i><i>- The provider acknowledges that overnight direct staff are not necessary to ensure the health and safety of people living in the home;</i><i>- HRST for every person living in the home documents that each person can self-administer medication, toilet, and ambulate; AND</i><i>- Documentation of a fire drill completed at night (after 10 P.M.)</i>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>within the previous 365 days confirms that every person living in the house was able to evacuate timely without assistance.</i></p> <ul style="list-style-type: none"><i>- When Remote Support Services (RSS) is used as an alternative to overnight direct staffing, the RSS service authorization requirements must also be met.</i> <p><i>The regional office may exercise discretion in determining whether there is a safety risk associated with not providing overnight direct staff and has the authority to deny requests to “turn off” overnight base staffing.</i></p>		
Community Living-Group Home Support: Dedicated Hours Rate: TBD FY2021 Proc Code: CP Waiver W5880 (Dedicated 1:1) W5881	Hour	Dedicated 1:1 or 2:1 staffing within Community Living - Group Home supports.	<p><i>Teams may request authorization of dedicated staff hours when base rate hours do not meet the person’s needs;</i></p> <ul style="list-style-type: none"><i>- A copy of the schedule noting the base and dedicated hours currently authorized in the person’s home should be submitted; AND</i><i>- Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</i> <p><i>The authorized hours are not limited to services provided inside the home and can support the person with community engagement.</i></p>	<p><i>Required documentation for Community Living-Group Home Support: Dedicated Hours includes the following:</i></p> <ul style="list-style-type: none"><i>- Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND</i><i>- For each block of consecutive units of service, document service performed.</i> <p><i>Dedicated hours (behavioral):</i></p> <ul style="list-style-type: none"><i>- Providers may use the behavioral plan data tracking</i>	



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
(Dedicated 2:1)			<p><i>Supporting documentation to demonstrate assessed need include:</i></p> <p>All 1:1 dedicated hours:</p> <ul style="list-style-type: none">- HRST documenting the need for 1:1 staffing. <p><i>If 1:1 dedicated hours are requested for medical needs:</i></p> <ul style="list-style-type: none">- Dedicated hours must be recommended by an RN or BSS; AND- Authorization cannot exceed 3 months but may be re-authorized in additional intervals of 3 months.- Needs that may merit dedicated hours include but are not limited to fractures impacting mobility, post-operative and post-hospitalization recovery, chemotherapy, dialysis, transfers, turning, positioning, etc.- When dedicated hours are requested for mobility/ambulation, there must be documentation that DME has been explored as an alternative to dedicated staff.- Dedicated hours may be authorized in lieu of day services when the person's health status is compromised by leaving the home.	<p><i>form to document services provided under dedicated hours associated with the behavioral plan outcomes.</i></p>	



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>If 1:1 dedicated hours are requested for behavioral needs:</i></p> <ul style="list-style-type: none">- Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff;- Recent (within 90 days) incident reports document the need for dedicated staff; AND- Documentation that the least restrictive staffing options have been explored and cannot meet the person's needs.- Dedicated hours CANNOT be authorized as an alternative to day habilitation if the person is of working age (as determined by Social Security guidelines) AND is refusing both employment AND CDS options. <p><i>2:1 dedicated hours are time limited and may be authorized for a short-term transition period not to exceed 6 months and re-authorized for periods not to exceed 6 months. Documentation to support 2:1 dedicated hours includes:</i></p> <ul style="list-style-type: none">- HRST documenting need for 2:1 staffing; AND- A copy of the schedule noting the base and dedicated hours currently		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>authorized in the person's home; when other people in the home have dedicated staffing, the regional office may request documentation to determine if dedicated 2:1 staffing is necessary to ensure the health and safety of people living in the home. For example, if the 2:1 is requested to ensure the person doesn't harm others, and all roommates have 1:1 staffing, the 2:1 staff may not be necessary.</i></p> <p><i>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</i></p> <ul style="list-style-type: none"><i>- The 2nd staff is needed to relieve the 1st staff.</i><i>- The 1st staff is responsible for implementing the BP, the 2nd staff is needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non-edibles in his/her mouth.</i><i>- The person requires constant monitoring while in transport and the 2nd staff is needed to drive.</i><i>- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</i>		

RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Community Living-Enhanced Supports Rate: TBD FY2021 Proc Code: CP Waiver W5601 (Traditional) Trial Experience W5603	Day		<p><i>Service Authorization requirements for Community Living-Enhanced Supports include the following:</i></p> <ol style="list-style-type: none"> <i>1. The person has critical support needs that cannot be met by other residential or in-home services and supports; and</i> <i>2. The person meets the following criteria:</i> <ol style="list-style-type: none"> <i>(a) The person has (i) court ordered restrictions to community living; or (ii) demonstrated history of severe behaviors requiring restrictions and the need for enhanced skills staff; and</i> <i>(b) Community Living – Enhanced Support Services are the least restrictive environment to meet needs.</i> <p><i>Supporting documentation to demonstrate assessed need include:</i></p> <ul style="list-style-type: none"> <i>- Critical support needs that cannot be met by other less restrictive residential or in-home services and supports; OR</i> <i>- Court order restricting community living; OR</i> <i>- Documentation of severe behaviors requiring restrictions and the need for staff with enhanced training and skills.</i> 	<p><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></p> <ul style="list-style-type: none"> <i>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</i> <i>- Documented affirmation the service was provided as authorized by the PCP, i.e. daily service note.</i> <p><i>Required documentation for Community Living-Enhanced Supports includes the following:</i></p> <ul style="list-style-type: none"> <i>- Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</i> <i>- Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</i> <i>- Documentation that staff meet all qualifications as required for this specific service and DDA.</i> 	Community Living-Enhanced Supports services are not available at the same time as the direct provision of Behavioral Support Services, Career Exploration, Community Development Services, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.



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Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<i>Person's base rate will be determined by 1:1 staffing ratios during awake hours and shared staffing overnight; Household size cannot exceed 4 people unless pre-authorized by DDA.</i>		
Community Living-Enhanced Supports: Dedicated Hours Rate: TBD FY2021 Proc Code: CP Waiver W5882 (Dedicated 1:1) W5883 (Dedicated 2:1)	Hour	Dedicated 1:1 or 2:1 staffing within Community Living-Enhanced Supports Proposed: Teams may request authorization of dedicated staff hours when base rate hours do not meet the person's needs; authorized hours are not limited to services provided inside the home.	<i>Service Authorization requirements for Community Living- Enhanced Supports: Dedicated Hours include the following:</i> 1:1 dedicated hours: <ul style="list-style-type: none"> - <i>Dedicated hours may be authorized for overnight staffing when documentation indicates base hours for overnight shared staffing is inadequate to prevent harm to self or others.</i> 2:1 dedicated hours are time limited and may be authorized for no more than 90-day periods, with the intention of the person transitioning to 1:1 support, when: <ul style="list-style-type: none"> - <i>Documentation indicates that the person is:</i> <ul style="list-style-type: none"> o <i>Unable to participate in meaningful day activities; AND</i> o <i>Has a need for 2:1 staffing as documented by the HRST.</i> 	<i>Required documentation for Community Living-Enhanced Supports: Dedicated Hours includes the following:</i> <ul style="list-style-type: none"> - <i>Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND</i> - <i>For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. services note or behavioral plan data tracking form.</i> 	



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</i></p> <ul style="list-style-type: none"><i>- The 2nd staff is needed to relieve the 1st staff.</i><i>- The 1st staff is responsible for implementing the BP, the 2nd staff is needed to ensure the safety and security of the environment.</i><i>- The person requires constant monitoring while in transport and the 2nd staff is needed to drive.</i><i>- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</i>		
Residential Retainer Fee: Community Living-Group Home and Community Living - Enhanced Supports Rate: TBD	Day	Retainer Fee is available for up to 30 days per year, per recipient, when the recipient is unable to receive services due to hospitalization, behavioral respite, or family visits.	<p><i>Service Authorization requirements for Residential Retainer Fee include the following:</i></p> <ul style="list-style-type: none"><i>- 30 days are authorized annually for the provider of each person receiving Community Living-Group Home and - Enhanced Living;</i><i>- Each time the person changes Community Living providers an additional 30 days of retainer services is authorized for the new provider; AND</i><i>- This authorization is within the total number of days authorized for the</i>	<p><i>Required documentation for Residential Retainer Fee: Community Living-Group Home and Community Living-Enhanced Support includes the following:</i></p> <ul style="list-style-type: none"><i>- Attendance log documenting the person's absence due to hospitalization, behavioral respite or family visit.</i>	



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
<u>Current Code</u> CP Waiver Retainer Fee W2121 FY 2020 Proc Code: W5604 (Community Living-Group Home) W5605 (Community Living Enhanced Supports)			<i>service and will be made automatically available in LTSS.</i>		
Community Living – Group Home and Enhanced Support Trial Experience Rate: TBD <u>Current Code</u> CP Waiver Trial Experience W0215	Day		<i>Service may be authorized on a temporary, trial basis not to exceed 7 days/overnights if the person transitioning from an institutional or non-residential site can reasonably be expected to be eligible for and to enroll in the waiver.</i> <i>Maximum authorization of 7 days within the 180-day period in advance of a move from an institution or non-residential site.</i>	<i>Services provided to a person transitioning from a Medicaid institutional setting are billable when the person leaves the institutional setting and enters the waiver. Services are billed to Medicaid as an administrative cost.</i>	



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Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
FY 2020 Proc Code: W5602 (Community Living-Group Home) W5603 (Community Living-Enhanced Supports)					
Supported Living Rate: TBD Proc Code: CP Waiver W5620 (Traditional) W5621 (SD)	Day	<p>Supported Living services provide persons with a variety of individualized community living services to support living independently in the community in their own home.</p> <p>New Service beginning July 1, 2019.</p> <p>This residential service is for people living in a setting that is not owned or leased by a provider. The people living in the home or parent/guardian own or lease the home. Home size is limited to no more than 4 people. This service is meant for individuals who are receiving more than 16 hours of personal supports and require daily services</p>	<p><i>Service Authorization requirements for Supported Living include the following:</i></p> <p><i>1. Person chooses to live independently or with roommates; and 2. This residential model is the most cost-effective service to meet the person's needs.</i></p> <p><i>HRST may confirm the need for supported living services.</i></p> <p><i>If the person is living in their own, or a family home:</i></p> <ul style="list-style-type: none"> - <i>Documentation that CFC and personal supports have been explored and are insufficient to meet the person's needs; AND</i> - <i>Documentation that the person's health and welfare is jeopardized in their current living situation.</i> 	<p><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></p> <ul style="list-style-type: none"> - <i>Attendance log acknowledging that the person was in the home at least 6 hours; AND</i> - <i>Documented affirmation the service was provided; examples include but are not limited to: MAR, service notes, etc.</i> <p><i>Required documentation for Supported Living includes the following:</i></p> <ul style="list-style-type: none"> - <i>Staff time sheets or payroll information documenting</i> 	<p>Supported Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, or Supported Employment services.</p>



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<ul style="list-style-type: none">- HRST may confirm the need for supported living services.- Examples of documentation include APS referrals, increased ER visits, critical incident reports, etc. <p>If the person is in an institutional setting or homeless:</p> <ul style="list-style-type: none">- Documentation that less restrictive living options have been explored and cannot meet the person's needs. <p>Providers may request authorization to NOT staff a supported living home overnight. If authorized to NOT staff a supported living home, the costs of overnight direct staff are "turned off" or removed from the base rate. Requests to "turn off" overnight direct staff must be reviewed and may be approved by the regional office if ALL conditions are met:</p> <ul style="list-style-type: none">- All people living in the home acknowledge they do not want to receive overnight supports;- The provider acknowledges that overnight direct staff are not necessary to ensure the health and safety of people living in the home;- HRST for every person living in the home documents that each person	<p>the provision of the base staffing hours specified for the home;</p> <ul style="list-style-type: none">- Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND- Documentation that staff meet all qualifications as required for this specific service and DDA.	



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Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>can self-administer medication, toilet, and ambulate; AND</i></p> <ul style="list-style-type: none"><i>- Documentation of a fire drill completed at night (after 10 P.M.) within the previous 365 days confirms that every person living in the house was able to evacuate timely without assistance.</i><i>- When Remote Support Services (RSS) is used as an alternative to overnight direct staffing, the RSS service authorization requirements must also be met.</i> <p><i>The regional office may exercise discretion in determining whether there is a safety risk associated with not providing overnight direct staff and has the authority to deny requests to “turn off” overnight base staffing.</i></p>		
Supported Living: Dedicated Hours Rate: TBD Proc Code: CP Waiver 1:1 W5884 (Traditional)	Hour	Dedicated 1:1 or 2:1 staffing within Supported Living Proposed: Teams may request authorization of dedicated staff hours when base rate hours do not meet the person’s needs; authorized hours are not limited to services provided inside the home.	<p><i>Teams may request authorization of dedicated staff hours when base rate hours do not meet the person’s needs:</i></p> <ul style="list-style-type: none"><i>- A copy of the schedule noting the base and dedicated hours currently authorized in the person’s home should be submitted; AND</i><i>- Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</i>	<p><i>Required documentation for Supported Living: Dedicated Hours includes the following:</i></p> <p><i>All Dedicated hours</i></p> <ul style="list-style-type: none"><i>- Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND</i><i>- For each block of consecutive units of service, document how</i>	

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CP Waiver 2:1 W5885 (Traditional) CP Waiver 1:1 W5900 (SD) CP Waiver 2:1 W5901 (SD)			<p><i>The authorized hours are not limited to services provided inside the home and can support the person with community engagement.</i></p> <p><i>Supporting documentation to demonstrate assessed need include:</i></p> <p>All 1:1 dedicated hours:</p> <ul style="list-style-type: none"> - <i>HRST documenting the need for 1:1 staffing.</i> <p><i>If 1:1 dedicated hours are requested for medical needs:</i></p> <ul style="list-style-type: none"> - <i>Dedicated hours must be recommended by an RN or BSS; AND</i> - <i>Authorization cannot exceed 3 months but may be re-authorized in additional intervals of 3 months.</i> - <i>Needs that may merit dedicated hours include but are not limited to fractures impacting mobility, post-operative and post-hospitalization recovery, chemotherapy, dialysis, transfers, turning, positioning, etc.</i> - <i>When dedicated hours are requested for mobility/ambulation, there must be documentation that DME has been explored as an alternative to dedicated staff.</i> 	<p><i>the service performed relates to the PCP service authorization.</i></p> <p><i>Dedicated hours (behavioral):</i></p> <ul style="list-style-type: none"> - <i>Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes.</i> 	



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<ul style="list-style-type: none">- <i>Dedicated hours may be authorized in lieu of day services when the person's health status is compromised by leaving the home.</i> <p><i>If 1:1 dedicated hours are requested for behavioral needs:</i></p> <ul style="list-style-type: none">- <i>Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff;</i>- <i>Recent (within 90 days) incident reports document the need for dedicated staff; AND</i>- <i>Documentation that the least restrictive staffing options have been explored and cannot meet the person's needs.</i>- <i>Dedicated hours CANNOT be authorized as an alternative to day habilitation if the person is of working age (as determined by Social Security guidelines) AND is refusing both employment AND CDS options.</i> <p><i>2:1 dedicated hours are time limited and may be authorized for a short-term transition period not to exceed 6 months and re-authorized for periods not to</i></p>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>exceed 6 months. Documentation to support 2:1 dedicated hours includes:</i></p> <ul style="list-style-type: none"><i>- HRST documenting need for 2:1 staffing; AND</i><i>- A copy of the schedule noting the base and dedicated hours currently authorized in the person's home; when other people in the home have dedicated staffing, the regional office may request documentation to determine if dedicated 2:1 staffing is necessary to ensure the health and safety of people living in the home. For example, if the 2:1 is requested to ensure the person doesn't harm others, and all roommates have 1:1 staffing, the 2:1 staff may not be necessary.</i> <p><i>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</i></p> <ul style="list-style-type: none"><i>- The 2nd staff is needed to relieve the 1st staff.</i><i>- The 1st staff is responsible for implementing the BSP, the 2nd staff is needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non-edibles in his/her mouth.</i>		

RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<ul style="list-style-type: none"> - The person requires constant monitoring while in transport and the 2nd staff is needed to drive. - The person needs 2:1 because of intensive physical support needed to prevent harm to self or others. 		
Shared Living Rate: TBD <u>Current Code</u> CP Waiver W2123 (Traditional) <u>FY21Proc Code:</u> CP Waiver Level 1 W5611 Level 2 W 5892 Level 3 W5893	Monthly	Shared Living is an arrangement in which an individual, couple or a family in the community share their home and life's experiences with a person with a disability. The approach is based on a mutual relationship where both parties agree to share their lives	<p><i>Effective July 1, 2018, the following criteria will be used for persons to access Shared Living:</i></p> <ol style="list-style-type: none"> 1. Person does not have family or relative supports; and 2. Person chooses this living option. <p><i>Level of support is based upon service needs as follows:</i></p> <ul style="list-style-type: none"> - Level 1 Basic: Person does not require continuous supervision and monitoring. - Level 2 Intermediate: Person requires continuous supervision and monitoring. - Level 3 Advanced: Person requires continuous supervision and monitoring including designated 1:1 assistance for more than two hours daily to mitigate behavioral risk or provide medical supports. <p><i>Examples of situation that may indicate the need for continuous supervision and monitoring including designated 1:1</i></p>	<p><i>Required documentation for Shared Living includes the following:</i></p> <p><i>Progress note signed by agency staff to indicate the date of face to face monitoring and findings; AND</i></p> <ul style="list-style-type: none"> - Monthly invoice signed and dated by the host home provider to include dates host home services were provided. <p><i>Providers are required to retain staff time sheets or payroll information documenting staffing for the provision of waiver services.</i></p>	<p>Shared Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Supported Living, Supported Employment or Transportation services.</p> <p>Shared Living services are not available to participants receiving support services in other residential models including Community Living-Group Homes, Community Living-Enhanced</p>



RESIDENTIAL SERVICES					
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			<p><i>assistance for more than two hours daily include, but are not limited to:</i></p> <ul style="list-style-type: none"><i>- Staff is needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non-edibles in his/her mouth.</i><i>- The person requires constant monitoring while in transport.</i><i>- The person needs intensive physical support needed to prevent harm to self or others.</i> <p><i>Shared Living includes transportation costs and Nurse Case Management and Delegation services associated with the provision of service is covered within the rate.</i></p>		<p><i>Supports, and Supported Living service.</i></p>